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# Integrating Hepatitis Services into HIV Prevention and Care Programs

## Setting the Federal Policy Stage

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# Integration Opportunities

- Ryan White HIV/AIDS Program
- CDC Prevention Programs
- Health Care Reform Implementation
- Advocacy
- Government Agencies

# Hepatitis Treatment is HIV Care

- HIV Guidelines
  - Test for and treat viral hepatitis
  - Vaccinate for HBV
- Viral Hepatitis Action Plan
  - Monitor rates of testing for hepatitis in HIV population
  - Support safety net providers to care for people with hepatitis
- National HIV/AIDS Strategy
  - Calls for more comprehensive, coordinated care that addresses treatment of co-occurring conditions, including hepatitis C

# Ryan White Provisions

- Ryan White authorities currently extend resources for hepatitis care only for co-infected HIV clients
  - No requirement for ADAPs to cover viral hepatitis treatments
- Provisions in 2006 reauthorization clarify intent to address co-infection
  - Through client representation on Part A Planning Councils
  - Use of Part B funds for co-infection service coordination
  - Part C providers must provide hepatitis counseling

# Ryan White Provisions

- During 2009 reauthorization, Congress acknowledged resource needs for co-infection
  - “Unfortunately, coverage for diagnostics, monitoring, treatment and vaccination against viral hepatitis is not uniformly available through state AIDS Drug Assistance Programs (ADAPs), due to funding shortfalls.” (Committee Report)
- Legislatively, 2009 law retained status quo for co-infection

# Ryan White Today

- Current provisions on hepatitis are outdated and limited
  - Curative HCV treatments, approved since last 2009 reauthorization, are now standard of care
  - Risk of co-infection growing in emerging IDU populations
  - Health care reform brings enhanced resources and flexibility for grantees to improve responses to co-infection



February 13, 2015

Dear Ryan White HIV/AIDS Program Part B AIDS Drug Assistance Program Colleagues:

The treatment of hepatitis C virus (HCV) is rapidly evolving. New oral medications have greatly improved the outcomes of individuals with hepatitis C infection by achieving sustained viral suppression for the majority of people who complete treatment. These new regimens are not only more efficacious, but are better tolerated and are of shorter duration. In addition, studies suggest that individuals with HIV who are co-infected with HCV and utilize the new oral medications have similar rates of HCV viral suppression as those with HCV mono-infection.<sup>1</sup>

New HCV treatments are an important development as there are as many as one quarter of individuals with HIV infection in the United States that are also infected with HCV; HCV co-infection rates among HIV infected injection drug users is even higher with as many as 80 percent being co-infected.<sup>2</sup> HIV/HCV co-infected individuals have higher rates of progression to end-stage liver disease including fibrosis, cirrhosis and hepatocellular carcinoma. Even when HIV is virally suppressed, those with HIV/ HCV co-infection have higher rates of advanced liver fibrosis, cirrhosis, non-hepatic organ dysfunction and overall mortality compared with individuals that are HCV mono-infected. However, co-infected individuals that achieve sustained virologic response to hepatitis C treatment have lower rates of end-stage liver disease as well as lower rates of mortality related to liver disease.<sup>3</sup>

These advances in hepatitis C treatment underscore the importance of identifying those with HIV/HCV co-infection and getting their HCV infection treated. As per the [DHHS Guidelines for the Uses of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents](#), all HIV infected individuals should be screened for HCV and those at high risk for acquiring HCV should be screened annually. Individuals with HIV/HCV co-infection should receive appropriate counseling on avoiding transmission to others as well as avoiding alcohol and other liver-toxic substances. HIV/HCV co-infected individuals also need to be screened for hepatitis B and for immunity to hepatitis A and appropriately vaccinated for both. It is also important that those with HIV/HCV co-infection be evaluated for and receive treatment for hepatitis C.

AIDS Drug Assistance Programs (ADAPs) have an important role in providing access to medications for people living with HIV, including those with HCV co-infection. When feasible, ADAPs are encouraged to add hepatitis C medications to their formularies. For those living with both HIV and HCV, providing access to hepatitis C medications improves the overall health outcomes for people living with HIV who are served by the Ryan White HIV/AIDS Program.

Sincerely,

Laura W. Cheever /s/

Laura W. Cheever, M.D., ScM  
Associate Administrator

# HRSA Letter to ADAPs

## February 13, 2015

- Benefits of new HCV treatments
- HIV clients should be screened, counseled, and vaccinated as appropriate.
- “AIDS Drug Assistance Programs (ADAPs) have an important role in providing access to medications for people living with HIV, including those with HCV co-infection. When feasible, ADAPs are encouraged to add hepatitis C medications to their formularies.”



# Findings from a Special Program of National Significance

- HEPATITIS C INITIATIVE IN RYAN WHITE CLINICS
- Demonstration Project to test Integration of HCV care into HIV Care
- Conducted at 29 sites, 2011-2014
- 5,131 Co-infected patients enrolled
- 4 Different Models of Care Implemented
  1. Integrated care with HCV management by providers
  2. Integrated care with designated HCV clinic at different dedicated time
  3. Primary care management with HCV expert backup
  4. Co-located care with specialist who manages HCV treatment at Ryan White clinical site

# SPNS Project

- By the end of the project, only 239 patients began HCV treatment
  - Mainly due to poor HCV treatment options at the time
- Lessons Learned
  - Multidisciplinary teams were important.
  - Telehealth helpful for clinical providers
  - Prepared Ryan White clinics to develop standardized systems for diagnosis, care and treatment of the co-infected
  - With new Rx can anticipate a greater uptake of treatment

# Proposed SPNS Project

- To support Hepatitis C Treatment in People Living with HIV
  - \$9 million included in President's FY17 Budget
    - New money
    - For 4 Part A and 4 Part B grantees
    - Between \$800,000 and \$1.5 million each
    - Recipients required to scale up HCV testing and treatment quickly
  - House did not approve increase
  - Senate proposed to eliminate all SPNS funding

# Another SPNS Project

- Using Secretary's Minority AIDS Initiative Funding
- Support development of comprehensive jurisdiction-level HCV screening, care and treatment systems for HIV/HCV co-infected people of color
- Announced in May 2016
- Three-year program to support 2 Part As and 2 Part Bs
  - \$2.6 million
- Plus Evaluation and Technical Assistance Center (ETAC) that will support the funded jurisdictions
  - \$550k

# Summary – Ryan White Programs

- Limited federal requirements for Ryan White grantees
- Clear direction that hepatitis testing, counseling, vaccinating and treatment are standard HIV care
- Significant potential with new HCV treatments to improve HIV outcomes
- Grantees should be encouraged to respond to new opportunities to full extent
- Health care reform brings additional resources
- Issue for Reauthorization

# CDC

- Ability to co-fund, co-manage and co-locate activities
  - Testing, counseling, vaccination, surveillance systems
- Syringe Services Programs
  - Serve populations impacted by both HIV and HCV
- Develop and Implement Billing Services for Preventive Services

# Health Care Reform

- In addition to implementation of coverage of similar preventive services as HIV
- Shared Care and Treatment Opportunities
  - No exclusion based on a pre-existing condition
  - Qualified Health Plans, Medicaid expansion
  - Access to Rx and Providers
    - Ensure Rx on formularies, new Rx covered
    - Appropriate Cost-Sharing and Utilization Management
    - Access to Specialists
    - Non-discrimination and patient protections

# Health Care Reform

- CCIIO Reviewing Qualified Health Plans
  - For covered drugs recommended by nationally-recognized clinical guidelines for:
    - bipolar disorder, breast cancer, diabetes, *hepatitis C*, *HIV*, multiple sclerosis, prostate cancer, rheumatoid arthritis, and schizophrenia
  - Will also review cost-sharing for these conditions
  - Examine QHPs for Adverse Tiering, Utilization Management
- Non-discrimination
- Florida Blue Lawsuit
  - Agreed to cover Hepatitis C Rx no matter Fibrosis Level



# Advocacy

- National Organizations Advocating for both HIV and Hepatitis
  - Appropriations Advocacy for CDC (HIV & Hepatitis Divisions)
- Ryan White Implementation & Reauthorization
- Health Care Reform Implementation
- Medicaid Coverage
- Rx Company Support

# Government Agencies

- CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention
- HHS Office of HIV/AIDS and Infectious Disease Policy
- White House AIDS Office
- HRSA: Ryan White Program and Community Health Centers
- VA, SAMHSA
- State and Local Governments

# Conclusion – Moving Forward

- A number of current efforts exist that integrate HIV and Hepatitis Programs
- Many Potential Opportunities for Improvement
  - Particularly in the Ryan White Program
    - Absent Reauthorization Directives, through HAB Leadership
  - CDC
    - Enhanced through Funding Opportunity Announcements
  - Other Government Agencies
- Some Tensions
  - Dedicated HIV funding much greater
- Only One Way to Go and that is UP!

# Thank you!

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*All presentations will be available online at:  
<http://www.theaidsinstitute.org/USCA2016>*